



41

1631

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 650053.91657																			
In re Application of <b>Howard J. Jacob</b>																					
Application Number <b>09/960,234</b>		Filed <b>9/20/01</b>																			
For <b>PHYSIOLOGICAL PROFILING</b>																					
Art Unit <b>1631</b>		Examiner <b>Cheyne D. Ly</b>																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ <b>950.00</b></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <b>475.00</b></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>17-0055</b>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table><tr><td><b>November 24, 2003</b></td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td><b>414-277-5709</b></td><td><b>Jean C. Baker</b></td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <b>950.00</b>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<b>November 24, 2003</b>		Date	Signature	<b>414-277-5709</b>	<b>Jean C. Baker</b>	Telephone Number	Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____																				
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____																				
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <b>950.00</b>																				
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____																				
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____																				
<b>November 24, 2003</b>																					
Date	Signature																				
<b>414-277-5709</b>	<b>Jean C. Baker</b>																				
Telephone Number	Typed or printed name																				

RECEIVED  
DEC 08 2003  
TECH CENTER 1601/1600

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

12/04/2003 CNGUYEN 00000033 170055 09960234

01 FC:2253 475.00 DA

5500434\_1.PDF